



INTRODUCTION

The Board of Human Resources, which oversees and sets policy for the Georgia Department of Human Resources (DHR), sought public input as the agency and its board planned for the FY 2009 budget. The Department of Human Resources is the state's agency that manages programs that protect children from abuse and neglect, assists Georgia's senior living communities, assists people with mental or physical disabilities, and controls the spread of disease. In an effort to become more effective in its delivery of services, the Board of the Georgia Department of Human Resources held a series of public strategic roundtable discussions to solicit community involvement during the months of May and June, 2007.

Roundtables Schedule

The schedule for the two-hour roundtables was:

- May 29, Columbus
- June 6, Augusta
- June 12, Rome
- June 14, Savannah
- June 18, Atlanta
- June 19, Thomasville
- June 20, Waycross

Approximately 460 Georgians attended the seven sessions. Participants were consumers, caregivers, advocates, health care providers, government employees, elected officials, social services providers, and other interested individuals. They represented a cross section of interests including children, mental health, disabilities, aging, and public health.

Roundtables Format

The Department of Human Resources engaged the services of the Georgia Health Policy Center to design and facilitate the roundtable discussions. The dual purposes of the roundtables were to:

- Present the Department's strategic priorities and receive public comment, and
- Engage participants in discussions about how DHR and communities can work together to support families.

The Georgia Health Policy Center designed an interactive process for soliciting public comment that encouraged a dialogue between individuals with diverse interests. As participants entered the sessions, they were assigned to tables to ensure a mix of perspectives in each discussion. Each participant received a copy of the Executive Summary of the FY08 Strategic Plan for the Department of Human Resources. Following a presentation by Commissioner B. J. Walker, participants at the tables were given 40 minutes to discuss their responses to the following questions:

- What are your reactions to DHR's strategic goals?
- What would you add to the strategic goals for future consideration?

- What are your recommendations for expanding the impact of the goals even further through partnerships between DHR and your local communities?

Responses were captured on flip chart sheets, and participants at each table selected a spokesperson to report out the highlights of their discussion. Reports from the table spokespersons were audio recorded and transcribed. All flip charts were collected and transcribed as well. At the conclusion, participants were asked to complete an evaluation of the roundtable session. The combined information from the audio recordings, flipcharts and evaluations was used in the preparation of this report.

OVERARCHING THEMES

A number of overarching themes emerged from the seven roundtable discussions. The overarching themes are opinions or issues that arose consistently in the majority of the seven sessions. The overarching themes are:

- Support of the strategic goals
- Develop goals specific to special populations
- Focus on prevention
- Expand transportation options
- Improve communications and coordination
- Establish a common intake process and database
- Build local partnerships and coalitions
- Broaden services in rural areas
- Tackle social stigmas
- Support families and caregivers
- Address transitional services
- Publicize the services provided by DHR
- Increase accountability

Support of the Strategic Goals

Overall, participants in the roundtable discussions expressed strong support for DHR's strategic goals. Their comments about the goals included such statements as:

Atlanta: "We like the goals."

Augusta: "We felt that overall the goals were on target."

Columbus: "We think that the goals work."

Rome: "We strongly agree with the goals that were presented."

Savannah: "These are wonderful goals."

Thomasville: "We felt that in general the goals match the needs of the people of Georgia."

Waycross: "We certainly agreed with the goals."

Participants view the goals as "common sense" and were pleased that DHR has chosen to concentrate on a few important goals rather than having so many goals that the Department would be "spread too thin." A table group in Rome viewed the goals as "a good balance between efficiency on the one hand and caring on the other."

Although roundtable participants did express support for the goals, they were not without concerns. Some viewed the goals as “very broad” and wanted more details about measurable objectives and action steps. A Savannah participant explained, “We also embrace the goals, but how and when and what would be involved to achieve them would have helped us to have more input.” These participants would have liked to receive a copy of the strategic plan prior to coming to the roundtable sessions so that they could have been better prepared in providing their input.

Primarily, participants questioned whether adequate funding will be available to successfully implement the goals. An Augusta participant wondered if the goals are “feasible with budget cuts and agencies closing.” A table in Thomasville noted, “It all comes down to money.” In Atlanta, a spokesperson suggested, “Money in the budget should accompany the strategic goals, and we should all know which monies and what percentages are allocated to which strategic goal.”

Participants also acknowledged that even goals that have broad-based support can be “difficult to achieve.” A spokesperson in Columbus observed that in order for DHR to be successful with their strategic direction “the goals, the money, and the people have to be committed to the cause.” A table group in Atlanta questioned, “How do we engage the whole population in thinking that the goals are important?”

Develop Goals Specific to Special Populations

Having expressed their support for the strategic direction of DHR, many participants in the roundtable sessions would like the Department to add goals that address the specific needs of special populations. Many wanted to know how targeted services for seniors, children at risk, foster youth, exploited children, those with mental illness, and those with sensory loss and other disabilities, among others, “fit into the very board goals.” A Waycross spokesperson reported for his table when he said, “We would like to see the organization address more specifically serving people with mental illness. Those who may be incarcerated might be more effectively addressed. Address children’s issues. If we do not improve services to children, we are perpetuating dependency, and we certainly do not want a continuation of that.” A Savannah participant stated that those at her table would “like to look at some goals that are based on the priorities of the consumer.” A group in Columbus requested “specific funding for conditions or condition-specific needs.” An Atlanta participant wanted to see goals specific to aging, another in Augusta called for mental health to be kept separate, and a Thomasville spokesperson questioned how the goals applied to all DHR populations.

Focus on Prevention

Across the state, Georgians voiced their support for a focus on prevention. Participants were so committed to the importance of prevention that many believe that prevention should be DHR’s first and primary goal. Here are just a few of the many comments made during the roundtable sessions regarding prevention:

Augusta: “We felt Goal #5 (Prevention) should be Goal # 1.”

Rome: “We thought we would rank the order of the goals in terms of their importance and prevention seemed like the number one.”

Savannah: “Prevention should be the priority.”

Waycross: “There needs to be an understanding that without prevention services, we are not going to do anything with the big picture.”

Participants recognize that the majority of resources currently are focused on “putting out fires” and are expended on those who are “in the middle of a crisis or after the fact.” They want to change that dynamic so that consumers receive the assistance they need to maintain balance in their lives. Participants emphasized that prevention will save dollars in the long run. A Savannah man spoke for all by saying, “Prevention is cost effective. If you have earlier prevention services, you can alleviate the need for more costly crisis services.” Participants also concur that prevention should include a strong focus on children.

Expand Transportation Options

Transportation was identified as a major problem by a majority of the tables in all seven sessions. Adequate transportation is an issue for those who live in urban as well as rural areas. A Thomasville spokesperson described transportation as a “universal theme throughout all agencies.” Participants identified lack of transportation as a barrier in numerous areas, including:

- The ability to work
- Delivery of food and services to those who are homebound
- Access to medical care and other health services
- Access to training opportunities

Participants call for an integrated strategy between DHR, the Department of Transportation, the Department of Education, the Department of Labor and local governments to improve transportation options for older adults, the disabled, children, and those with low incomes across the state. A Rome group suggested that DHR partner with communities that are willing to do “innovative things such as utilizing cabs and paying neighbors to transport.” In reporting the concerns of those at their tables, spokespersons in every city echoed the words of the Savannah participant, who said: “Transportation, transportation, transportation.”

Improve Communications and Coordination

DHR is perceived as operating in “silos,” according to participants who also say that the lack of coordination between Divisions prevents consumers from receiving adequate and coordinated services. Participants want more integration of services between agencies to serve the multiple needs of many consumers. A Waycross participant suggested, “We need to place a high emphasis on interagency collaboration so that services are provided with the efficiency that will get the job done.” In Atlanta, a spokesperson reported, “We looked at collaboration so that we can have some consistent measures and consistent information that would help support somebody navigating through the system.” A second spokesperson in Atlanta added, “We felt like integrated care must transcend the silo effect of having multiple agencies so that they have a customer-based orientation rather than an agency-based orientation.” Participants believe that increased communication between agencies would result in “shared resources,” “improved teamwork,” “less competitiveness,” and “better continuity of care.”

Participants would also like to see more cooperation between DHR and other state departments and agencies, specifically the Departments of Community Health, Transportation, Labor, Corrections, and Education, as well as Juvenile Justice. An Augusta participant said, “We would like to see a lot more coordination at the state level in order to increase efficiency and access, especially between DCH and DHR.” A Rome group suggested “looking at better communication among all the state agencies, especially with Education stepping in.”

Establish a Common Intake Process and Database

Participants were unanimous in their desire for DHR agencies to utilize a common intake process and share a database. They noted that databases in all agencies are “antiquated” and “not user-friendly.” They complained of “too much government paperwork” and “red tape.” Additionally, several groups recommended a single point of entry for all DHR services.

The following are a sampling of comments made during the roundtable sessions regarding the need for a common intake form and database:

Augusta:	“It would be wonderful if there could be a database where any agency within DHR could put the data in and it could populate anybody’s form.”
Atlanta:	“There was the desire to see simplification so that there might be a common database rather than another layer of bureaucracy.”
Columbus:	“A common database that everybody could access would be wonderful.”
Rome:	“Centralize the intake systems for these programs.”
Savannah:	“Let’s have one database for all DHR services so that clients aren’t forced to register and re-register to prove eligibility for each department that they may need services from.”
Thomasville:	“Public access to services is complicated by cumbersome information and multiple databases. Agencies do not communicate with one another about what is in their database so you have duplications.”
Waycross:	“We suggest a common intake form that our customers could complete rather than having to go to DFACS to answer this set of questions and then to child support and answer the same set of questions.”

Build Local Partnerships and Coalitions

Participants acknowledge that DHR cannot meet the many needs of the vast number of Georgians who require social services. Therefore, they suggest that DHR form partnerships to build community capacity. An Atlanta spokesperson recommended that DHR form private/public partnerships in order to “benefit from the private experience to advance public policy.”

Table groups in several cities proposed stronger relationships with Chambers of Commerce and the business community to encourage the hiring of seniors and those with disabilities or mental illnesses. In Rome, a participant said, “We talked about collaborating to help creatively identify jobs and offer job training.” A Columbus spokesperson offered this idea from his table: “We must come together with the business community to see where people can fit in to begin accessing employment opportunities. Where can they begin to volunteer? How can those volunteers eventually parlay themselves into a part-time job? We must be developmental in how we integrate people back into the community.”

Other suggested partners included faith-based organizations, schools, colleges, law enforcement, non-profit organizations, local health care providers, civic clubs, and the media. Examples of successful partnerships included Georgia Cares, Family Connections, and the Assertive Community Treatment program.

Some groups offered advice about collaborations. In Savannah, a spokesperson said, “Collaboration just for the sake of collaboration is not particularly effective. When people come together and spend all of their time collaborating with a very disparate group, its not as productive as having individuals or groups who have common interests.” A Thomasville group warned against “one-way partnerships.”

Broaden Services in Rural Areas

Participants in rural areas believe that DHR should do more to improve access to services in their communities. A Rome participant observed, “As a state we look at the towns and larger areas more than the rural parts of Georgia that we do not serve quite as much.” Access to dental and mental health services is of particular concern. In Waycross, a participant reported, “We have an eight-year waiting list for our special needs population to receive dental hygiene services.” According to attendees at the roundtables, the large number of physicians who no longer accept Medicaid patients makes access an even greater problem in rural communities.

Participants in urban areas also recognized the shortage of providers and available services in rural areas. One spokesperson in Augusta said, “We need to concentrate in the rural areas because those seem to be the areas that need the most help. What are we doing for them?” Another in Augusta added, “There is no access for our consumers in rural areas to medical services, especially if they are impoverished.” And in Savannah, a table group wanted to ensure “geographic access to services in all areas of the state, not just high population areas.”

Those in rural areas would like the DHR leadership from Atlanta to visit their communities more often so that they have a greater understanding of the challenges of providing services in these regions. A Rome participant remarked, “Lots of time those people in the central office haven’t been

in the field in so many years. They have been promoted and forgotten what it's like.” A Thomasville man said, “We are convinced that the people in Atlanta don't really know what we do down here in Southwest Georgia.”

Tackle Social Stigmas

The societal perception of the elderly, mentally ill and those with disabilities was identified as a barrier in being able to achieve DHR's goal of increasing employment and self sufficiency. Participants suggest that DHR undertake a community education initiative to broaden understanding, as illustrated by these comments:

Rome: “I think people still have very archaic ideas of what mental health is, and they don't understand the nuances.”

Augusta: “We need to educate workers in the health care field to decrease the negative stereotyping. Mental health should not be a stigma.”

Columbus: “We need to initiate anti-stigma campaigns. We need to educate the public on radio and on TV to the true nature of different conditions.”

Thomasville: “We talked about trying to remove the stigma for all of our clients. It's not just mental health clients. We need to remove the stigma for all of our clients.”

Support Families and Caregivers

Participants consider families and caregivers to be indispensable to the overall well-being of their clients but worry that they are not being supported enough in the crucial role they play in supporting the elderly and those with mental illness and disabilities. A Waycross woman stated, “You have to have funding but without family support, we will keep throwing money at the problem, and it will never go away.” Suggestions for supporting families and caregivers included education and training, and inclusion in developing service plans.

Respite care is seen as essential in supporting caregivers. A Rome spokesperson drew from personal experience about the need for respite care: “Families are tired. If you have some person in your life that you deal with all the time, you can't go out and keep your job. Sometimes when we really need help, we have to go find respite care. Sometimes it's not available. We just get simply numb.” Another participant in Waycross shared a similar perspective: “I have noticed that a lot of our caregivers that take care of their family members at home get burned out because they never have any time off to do the things they need to do. They wind up having to put the family member in a facility that they probably would not otherwise do.”

Address Transitional Services

Roundtable attendees are concerned that many of their clients abruptly lose services and are left without supports at critical times in their lives, such as foster children, children with disabilities, and children on Medicaid that “age out of the system.” A Thomasville man explained, “We have a large population of foster children in the region. They are aging out of the system. Many of us feel that is

unfair that the state is backing away from supporting the next step in a child's life. We would like to see programs to help these young people obtain work and self-sufficiency or move towards vocational technical or post-secondary education." An Atlanta group would like "a budgetary item for 18-year old transitioning youth to be able to continue to have Medicaid." A Waycross group worried about transitional needs for youth with disabilities. They reported, "It seems like they have a lot of care as long as they are in the school system and in special education, but once they leave they are in 'La La Land' and there is nothing for them." Additional support of Medicaid benefits for foster children until age 21 was encouraged.

Publicize the Services Provided by DHR

Too many Georgians do not know about the important work of the Department of Human Resources and the many programs and services that are available to them through DHR. Those at the roundtables want DHR to do a better job of publicizing its services. A Rome participant observed, "The public is not aware of services. Many times services are available, but people who need them are not always aware of them." A Savannah spokesperson lamented, "A client has to navigate the system when they are in a crisis just to find a phone number. That shouldn't be. It should be more accessible." A Columbus woman made an appeal for more information about services to "inform our clients about what is available to them." And an Augusta participant said, "We need to educate families about the resources available in communities."

Increase Accountability

Participants call for more accountability throughout the system. They want clearly defined standards for performance and for providers to be held accountable for meeting the standards. An Atlanta spokesperson commented, "We need more oversight of service providers to establish and monitor standards and enforce standards." A participant in Augusta added, "We have to have standards to meet because we all believe in accountability." Additionally, DHR should be more aggressive in monitoring the performance of service providers. A Savannah attendee suggested "constantly checking the temperature of how productively things are being done." And a Columbus woman recommended that contracts be awarded with "incentives for effective outcome-based programs." In Rome and Thomasville, table groups also wanted consumers and families to be more accountable in paying for services when resources were available.

SUMMARY OF GOAL-SPECIFIC COMMENTS

In addition to the overarching themes that emerged from their discussions, participants provided numerous suggestions specific to each of DHR's five strategic goals. A compilation of the comments made specific to each goal is provided in Table 1 and a summary of these comments is provided below.

Goal #1: To Increase Employment and Self Sufficiency

Generally, participants were in agreement with goal #1. However, participants did provide advice concerning two components of DHR's mission and of goal #1. First, many DHR clients have been abandoned by their familial supports and do not have families that can be strengthened. Second, everyone is not able or cannot work. Work can be difficult, if not impossible, for some clients with mental illness or disabilities. Attempts at helping vulnerable populations to achieve employment and self sufficiency require that strong safety nets remain in place.

The number one barrier to clients achieving employment or self sufficiency is lack of viable transportation in their community. Additionally, participants in most communities noted that insufficient access to childcare, housing and health insurance also creates disincentives and difficulties for people to work and become self sufficient. Participants suggested that DHR consider methods for extending medical and other benefits as individuals transition into the work force. They want DHR to help communities seek solutions to these barriers, especially transportation alternatives.

Goal #2: To Increase Home and Community-Based Services to our Customers

When discussing increased home and community based services the need for transportation again surfaced as a barrier to access to these services. Caregiver support through adult day care, respite care and education was identified as a necessary components to increasing these services.

Although participants strongly supported this goal, they cautioned that a continuum of care – from inpatient care to personal transitional facilities and home services – was needed. Funding for home- and community-based is lacking, and the long waiting lists are an indication of the need for such services in the community.

Participants in several cities reported that community mental health services are sorely inadequate and limit client success. Coordination of services within DHR is needed for successful realization of this goal as well as equity of available services across the state.

Goal #3: To Improve Use of Technology

Technology was seen as a valuable vehicle for service improvement, but the goal was not as thoroughly discussed at each location as other strategic goals. Participants discussed technology from both an agency improvement and an individual perspective. In discussing individual capabilities and access, participants observed that technology is not always available, accessible and realistic for use by all clients, especially the elderly and those in rural locations. Consequently, expecting all clients to utilize services on-line is not realistic.

From an agency perspective, participants expressed frustration with the multiplicity and inoperability of systems that do not interact and “talk” to each other and encouraged a unified system or database, accessible by all agencies. Participants recognized the value and importance of more efficiently using technology for data gathering to improve decision making.

Goal #4: To Engage DHR Employees in Executing the Agency’s Vision and Mission

Participants did not discuss goal #4 to the same extent as they discussed other goals. This may have been because it was viewed as an internal goal for DHR. Participants thought that employees need to be valued and believe that lower salaries and overwhelming case loads impact employee morale, job satisfaction and performance. Participants encouraged continued staff development and support. Participants want employees of DHR to treat clients with respect and sensitivity.

Goal #5: To Increase the Number of Georgia Citizens Engaging in Healthy, Pro-social Behavior

Participants valued the importance of early interventions. They encouraged educating students on a variety of prevention activities in order to reduce interventions needed later in life. They also saw the value of increased funding for prevention activities, and encouraged the Department not to cut funding for these important services. Nevertheless, participants did recognize the necessity for the public to support prevention efforts as well. According to participants, integrated approaches, better communication, and partnerships between agencies and the community are essential for successful preventive efforts, according to participants.

Table 1: Summary of Community Roundtables by Goal and City

	Columbus	Augusta	Rome	Savannah	Atlanta	Thomasville	Waycross
Goal #1: To increase employment and self sufficiency	Need for childcare and adult day care; Share information between providers about supported employment; Unrealistic for those with mental illness to quickly ramp up to 40 hr/week of work; Consider incentives for self sufficiency, i.e., extra money after passing course; Support for foster children to transition to adulthood - healthcare until age 21	Help remove transportation as the biggest barrier to employment; Other barriers to employment are daycare, and cumbersome regulations; Many consumers don't have families to help them; Don't eliminate safety net programs once people begin working; Respite care important for those taking care of certain populations; Work can be difficult for those with mental illness/DD	Help remove transportation and other barriers to employment; People with disabilities may not be able to find jobs or work in the community; Keep safety net in place for people returning to work, i.e., health insurance; Need for more jobs and supported employment; Rural service delivery is important; Some consumers don't have families; Need respite care for those with families	Help remove transportation as barrier to employment, especially in rural areas; Minimize loss of support services when returning to work, i.e., health insurance; Work has to also be meaningful and satisfying; Create incentives for businesses to hire people with disabilities	Need to reduce barriers to work such as transportation, childcare, health insurance, and housing; Keep safety net in place as people transition to work, i.e., health insurance; Help foster youth transitioning into adulthood, i.e., health insurance; Help children remain with families when possible; The aging population doesn't always fit into this goal; Need for better support system for those finding and maintaining employment; Not everyone can work; Not everyone has families	Help remove transportation and other barrier (i.e., child care, housing, health insurance) to employment; Need for major partners (DHR, DOT, DEA) to come together in region for transportation solutions; Create incentives for work; Provide support for family caregivers; Create partnerships/education for businesses; Some people will not become independent; Create support for foster children transitioning out of the system	Help remove transportation barriers to employment; Help remove childcare as barrier to employment; Provide health insurance to working parents; Many people feel they are taking cuts in benefits if they go to work; Remove stigma for those on public assistance looking for jobs; This goal is unrealistic for some of the DHR consumers

	Columbus	Augusta	Rome	Savannah	Atlanta	Thomasville	Waycross
Goal #2: Increase home and community based services to our customers	Lack of coordination with other agencies; Difficult to find employees; Need for a structure that responds to 24-hour/7 day a week support; Jails are used for those with mental illness without community services	Need for oversight in home and community based services; More adult daycare and family respite; Education for caregivers; Need for transportation to services; Need for a continuum of services from inpatient and personal transitional facilities to community and home services; More money will be needed for these services to meet demand; Community services are not available everywhere in the state; Consumers should participate in their own recovery	Lack of providers; Need for more group homes and services in rural areas; Transportation in communities is a problem; Need for community mental health services that assist with transitioning from hospitals or other institutions into the job market	Consumers and <u>caregivers</u> need participation and empowerment in care; Need for better services and structures for people who are released from jail; Need for a continuum of services from institutional to home services; Need for transportation to services; Services needed across the state; Long waiting lists problematic	Long waiting lists indicate demand; Respite needed for caregivers; Money needs to follow the person; Will the community be supported as responsibility for services shifts? Transition services needed between crises and community based services; All community based services should be available to all people; Not enough qualified providers, especially in rural area; Community mental health system non-existent; Transportation services needed; Better coordination of services	Transportation to services in the community is limited; There are not enough slots for mental health services; Support for caregivers is needed; Need for a continuum of services; Consumers should participate in their care; Need for more funding for home services; Develop more partnerships between community agencies	Need for more transportation services; Concern about availability of services and providers, especially for mental health; Need for coordination and collaboration of different DHR agencies; Community based services need to be offered in every community; More funding for home services

	Columbus	Augusta	Rome	Savannah	Atlanta	Thomasville	Waycross
Goal #3: Improve use of technology	One record per person; information shared among all providers; Access to technology is a barrier for some populations, i.e., low income, rural, elderly	Technology can create more data for decision making; One database/system to connect people; Access to technology is a barrier for some populations; Technology will allow better sharing of information	Technology is needed to link DHR agencies as well as to agencies beyond DHR; Use of electronic records; uniformity of systems; The state website could better provide list of resources	Access to technology is limited for some of DHR clients; Use systems that can talk to each other to foster better interagency communication; Increased security is needed for shared databases; Use technology for on-line training, such as foster parent training; Technology can create more data for decision making	Technology is not seen as a separate goal but as a part of each goal; Technology should not replace people; Use a single data system that all agencies can use; Provide better access to DHR services online; Technology can be used as a tool to keep people safe, i.e., medication checks; Technology is not an option for all consumers; Technology can assist access to services in rural communities; Technology can create data for better decision making; Use of electronic medical records	Some consumers don't have access to technology; Use technology to reduce duplication; Don't replace personal touch with technology; Public access to services is thwarted by cumbersome information and access systems, compared to private sector; Use technology to better access services as well as share information	Use technology to reduce duplication in paperwork, connect agency services/integrate services; Technology is not realistic for some consumers; Technology is difficult to access in rural communities; Create a centralized data system; Technology can be used to rate services, i.e., personal care homes; Provide more technology training for staff

	Columbus	Augusta	Rome	Savannah	Atlanta	Thomasville	Waycross
Goal # 4: Engage DHR employees in executing the agency's vision and mission	Reinstate the certified public manager program so managers know how to supervise programs; Employees are not treated well. Good morale is needed to do a good job.	Engagement/accountability is not only for employees but consumers, families and the public in general; Participants liked the concept of treating clients as if they were family	Rewards are not immediate; High levels of employee stress; Important to keep case load reasonable; DFCS workers should be compensated more	Need for employee sensitivity for population with whom they are dealing; Need to treat customers professionally, courteously and with respect; Employees need help with stress reduction; Employee engagement is an internal goal	Employees need to treat customers better; Need for more employee training and cross training	Lower salaries in public service may affect applicant pool	Need for employee incentives; Overwhelming case loads affect employees; Listen to employees; treat as family; Need for cross training of employees; Employees must treat customers as individuals; they are not all the same
Goal #5: Increase the number of Georgia citizens engaging in healthy, pro-social behavior	Include aging population in prevention; Need for more education; Identify problems sooner	Prevention is the most important goal; Need for comprehensive communication between providers; Importance of education, starting with school children; Need for systematic integrated approach to change intergenerational poverty	Prevention is a top goal; Importance of education, starting with school children; Help people before issues become crisis; Need for better communication with agencies and the community; Prevention services are not often billable	Prevention is the most important goal; Importance of early intervention, both in schools and with families; Prevention dollars are cost effective - - increase them	Importance of early intervention; Prevention dollars are usually cost effective; Promote healthy behaviors; A shift in public perception is needed to support efforts; Importance of education; This goal should be broader to include: greater access, more screenings and education for youth; Fund early intervention programs proven to work, i.e., Babies Can't Wait	Importance of early intervention (and funding for it) instead of just disease treatment; Not enough emphasis on prevention	Importance of early intervention to avoid crisis; Don't cut prevention dollars; Help people make good choices; Waiting lists are counterproductive to prevention; DHR is a safety net; some things can not be prevented.

EVALUATION OF THE STRATEGIC ROUNDTABLES

Participants were asked to provide feedback on the format and content of the strategic roundtables. Comments provided on their evaluation forms are summarized below.

General Feedback on the Sessions

Generally, participants in every city liked the roundtable format provided for their discussions. People appreciated that everyone was provided the opportunity to participate and have a voice. They found the format to be a good method for interaction and discussion of issues. Most participants thought the roundtable sessions were organized and well facilitated, but some would have liked additional time for more thorough discussions. In comparison to other DHR-sponsored meetings, such as the budget hearings, participants generally preferred this format over the former, although a few people were in favor of the old “public comment” format. Many requested that this roundtable format continue and asked to be involved in future meetings.

A few thought the meetings were overly structured, and others felt that the report-outs from tables were repetitive and took too long. Some participants liked the variety of perspectives at their tables, while others would have preferred “like” groups (aging, disabilities, etc.) so that discussions could be more specific and actionable. These participants did not think the diversity of perspectives at the tables allowed for the depth of discussion they wanted. Some participants would have liked to have received the Department’s goals prior to the roundtable sessions, so they could be better prepared for discussion and perhaps have used the time more efficiently. In addition to the goals, some participants wanted accompanying objectives, action plans and benchmarks.

Most participants appreciated DHR’s interest in hearing from their partners and those they serve. They felt that DHR had made an important step in outreaching to communities and strongly supported the effort. However, a number questioned whether anything within DHR would change as a result of the feedback provided at the roundtable sessions. They are concerned that the information would fall on “deaf ears.” In summation, as stated by one participant, “this was a good first step.”

Significant Insights from the Day

Participants across the state were struck by the commonality of concerns and issues across populations and providers. The ability to talk to and hear from others in the community working on different issues but with similar concerns was affirming to them. They appreciated a format that allowed them to meet others in their community. After hearing from others, participants were struck by the similarity of major issues expressed across disciplines: the problems associated with limited transportation; the need for interagency cooperation and collaboration; the importance and (need to) prioritize prevention; and the support for home and community based services. Although common themes were identified, many participants also appreciated hearing the different perspectives of those at their table.

Participants commended DHR for their leadership in providing this venue for discussion. They recognized DHR’s interest in assisting clients and working with community agencies, and they appreciated the commitment of DHR’s leadership in traveling across the state to hear from

community members. They liked having the leadership participate in the table discussions and their willingness to listen. Participants also valued learning about the variety and scope of work in which DHR is involved.

What Needs to Happen Next?

On the meeting evaluations, participants were asked, “What needs to happen after this roundtable session in order for you to feel that this was successful?” By far, the response given most often was, “Action!” The type of action requested varied. Many asked for immediate and ongoing communication from the department. People wanted to see the feedback from these meetings incorporated into the goals and the suggestions incorporated into the agency’s budget request. Lastly, participants wanted the Department to conduct these types of meetings again in the future.

NEXT STEPS FOR PUBLIC ENGAGEMENT

Through their comments and evaluations, participants expressed a strong interest in continuing to dialogue with DHR. Their comments suggest a number of recommendations for DHR to consider for expanding public input.

Share Results of the Strategic Roundtables

Georgians who attended the strategic roundtables want to know that their comments and suggestions were heard by DHR. They asked that a summary of the findings from the roundtable discussions immediately be shared with them in written format and posted on the DHR website for others to review. In addition, they would like a report from DHR within six months of how the input from the roundtables has been used to shape the budget and programs.

Reach Out to Consumers and Caregivers

While efforts were made to spread the word about the strategic roundtables, only a small percentage of attendees were actual consumers and caregivers. Some of the barriers that may have prevented more consumers and caregivers from attending include lack of transportation, lack of childcare or respite care, and lost wages for those who might have had to miss work in order to attend. Because it is important to hear from those that are the direct consumers of DHR services, it is recommended that DHR undertake a more focused process to receive input from these special populations. Focus groups with representatives from specific populations that share common problems and concerns are proposed. Special attention should be paid to addressing the barriers that may have prevented the attendance of consumers and caregivers at the strategic roundtables.

Facilitate Regional Coordination among DHR Providers

An unanticipated benefit of the strategic roundtables was the bringing together of providers that serve specific populations but do not normally communicate among themselves. Through their discussions, these providers learned about other services that could be made available to their own clients. Providers were excited about this exchange of information and would like more opportunities to learn from one another. DHR should serve as a catalyst for bringing together providers on a regional basis to explore how they might share services and work collaboratively in a more efficient manner.

Continue Annual Strategic Roundtables

While some participants at the roundtables preferred the budget hearing format used in prior years, the vast majority preferred the opportunity to interact with others afforded by this year's strategic roundtables. They would like to see a similar format that allows interactions among participants adapted for budget discussions in the future.